CT HMIS
Measuring Success

CT HMIS

Emergency Shelter

User Manual for Empowered Case Management System (ECM)

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OVERVIEW

This guide provides a walkthrough on how to properly enter an Emergency Shelter client and household into the Empowered Case Management (ECM) system. Updating client's information via the "New During Program" Assessment and the Exit Enrollment Workflow are also covered. Not all possible scenarios are included and not all sections are provided with step-by-step instructions.

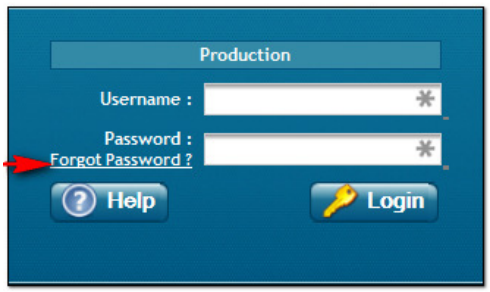
GETTING CT HMIS HELP AND TRAINING

Technical support is available from our Help Desk via a variety of methods for any questions regarding either the Empowered Case Management software or with Policy and Procedure standards.

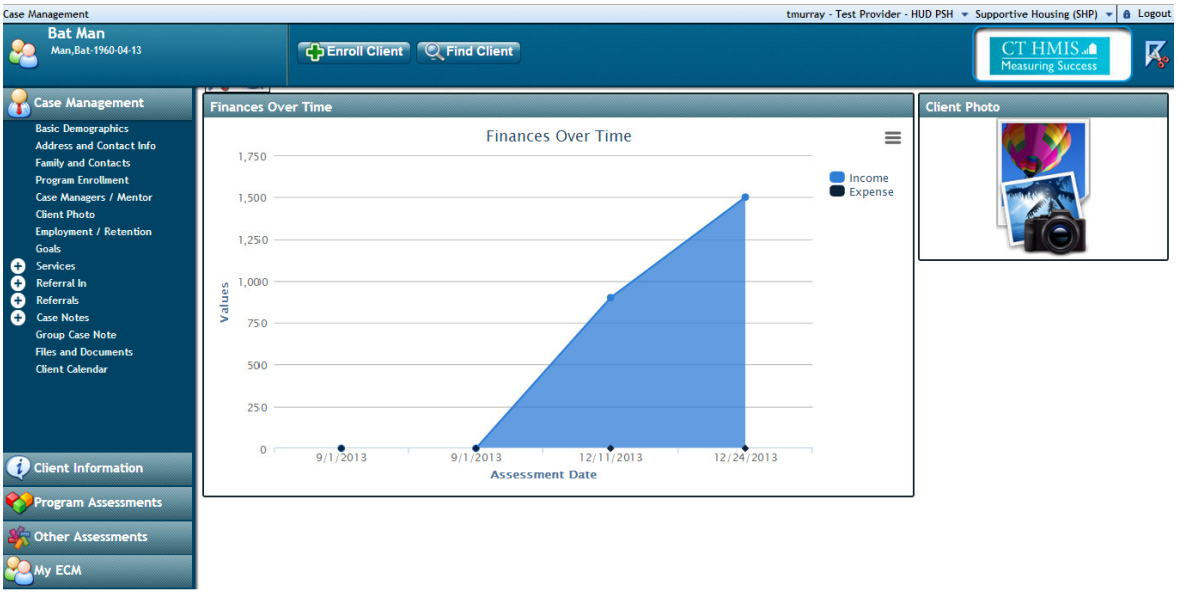
- Phone Support: **(860) 256-4822**
- Email: hmis@nutmegit.com
- Online request form: http://www.nutmeghelp.com/
- Online Resources and Information: http://www.cthmis.com/

LOGGING IN TO ECM

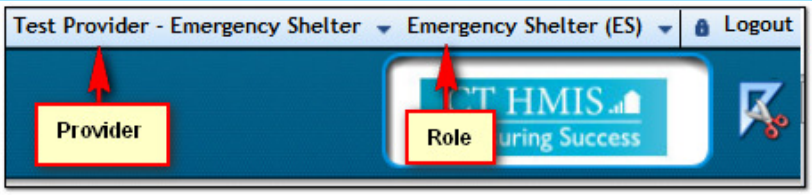
1. Access the Live CT HMIS site by going to https://app.myecm.net/CCEH_dev.ecm
2. Enter your Username and Password. If you forget your password, simply enter your **Username** and then click the **Forgot Password** link.



3. You will be brought to the ECM homepage.



CHANGING YOUR **ROLE** AND/OR **PROVIDER** IN ECM

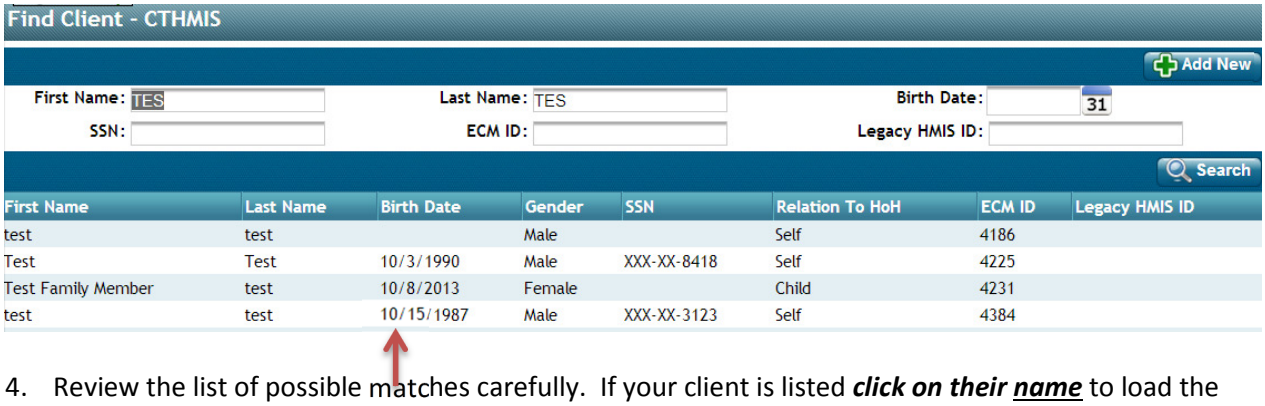


1. Click on the **Role** (*Emergency Shelter (ES) example role in above screenshot*). This option is only available if you are assigned more than one Role. (**NOTE**: Click on the words, not the arrow icon).
2. Click on the **Provider** (*Test Provider-Emergency Shelter*) for which you will be entering data.
   a. You will need to complete these steps **each time** you need to enter data as a different ***Provider*** and/or ***Role***.

HOW TO SEARCH FOR A CLIENT

1. Click on the **Find Client** Button

2. Type in the client's **Name and Social Security number (SSN).**
3. Click the **Search** button.


Find Client - CTHMIS
Add New
First Name: TES
Last Name: TES
Birth Date:
SSN:
ECM ID:
Legacy HMIS ID:
Search
First Name | Last Name | Birth Date | Gender | SSN | Relation To HoH | ECM ID | Legacy HMIS ID
test | test | | Male | | Self | 4186 |
Test | Test | 10/3/1990 | Male | XXX-XX-8418 | Self | 4225 |
Test Family Member | test | 10/8/2013 | Female | | Child | 4231 |
test | test | 10/15/1987 | Male | XXX-XX-3123 | Self | 4384

4. Review the list of possible matches carefully. If your client is listed ***click on their <u>name</u>*** to load the record. If not, proceed to the **Enroll Client** workflow.

HOW TO ENROLL A CLIENT INTO A PROGRAM

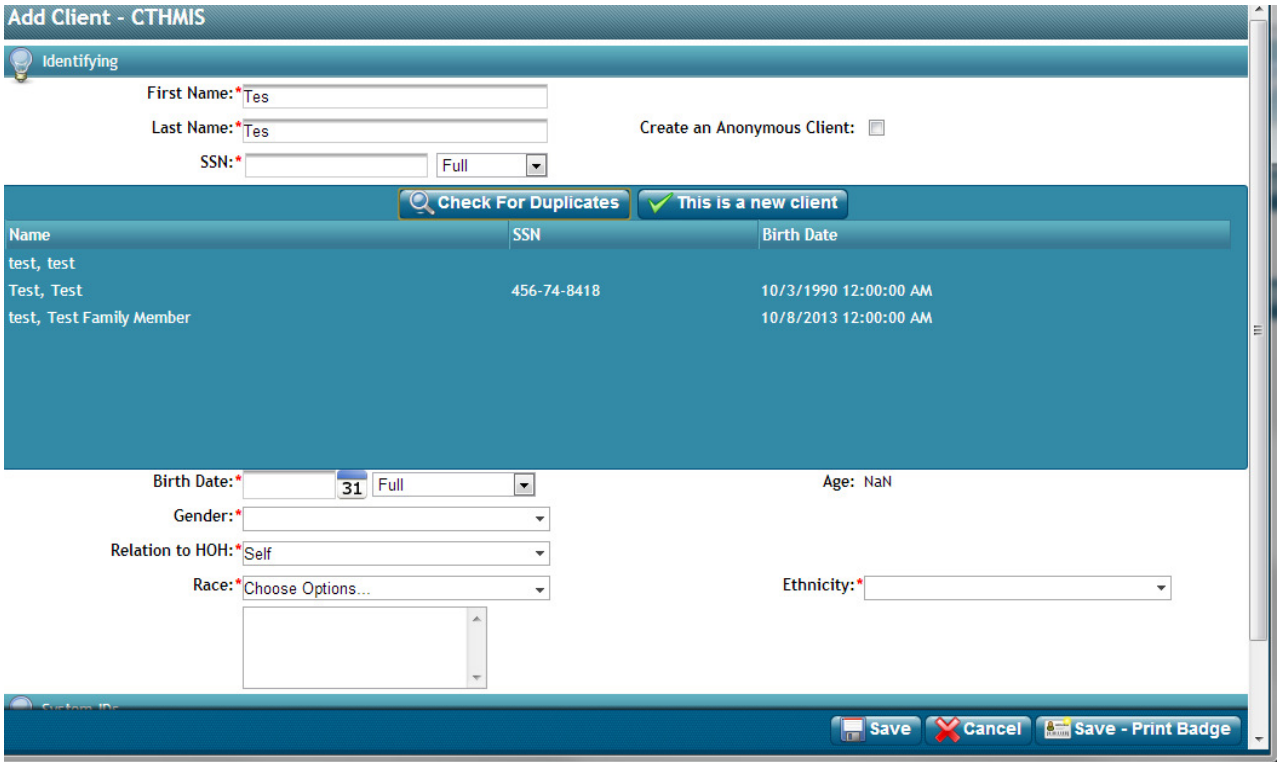
1. Click the **Enroll Client** button.

2. Choose the appropriate **PROGRAM** from the list. In the example below, you would click on the "**Enroll Emergency Shelter Client**."

3. This will begin the **Enroll Client** workflow.
4. All fields with a red asterisk (*) are **<u>REQUIRED</u>** fields and must be answered before you can move on to the next screen.

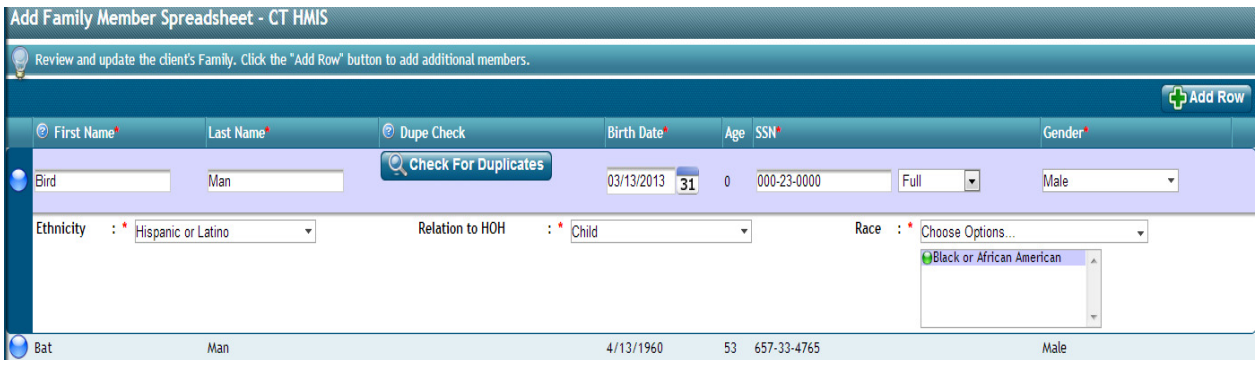
COMPLETING THE **ADD CLIENT** FORM IN THE ENROLL CLIENT WORKFLOW – AT ENTRY

1. Search for the client by entering a few letters of their first and last name.
2. Click the **Check for Duplicates** button.



3. If your client is listed, **click on their <u>name</u>**. The client's **Basic Demographic** information will populate.
4. If the client is not listed, client on the **This is a new client** button .
5. For new client's, enter their **Basic demographic information** (date of birth, gender, race, etc.).
6. Click **Save** to proceed to the next page (located in the bottom right corner).

COMPLETING THE **ADD FAMILY MEMBER SPREADSHEET** FORM – AT ENTRY



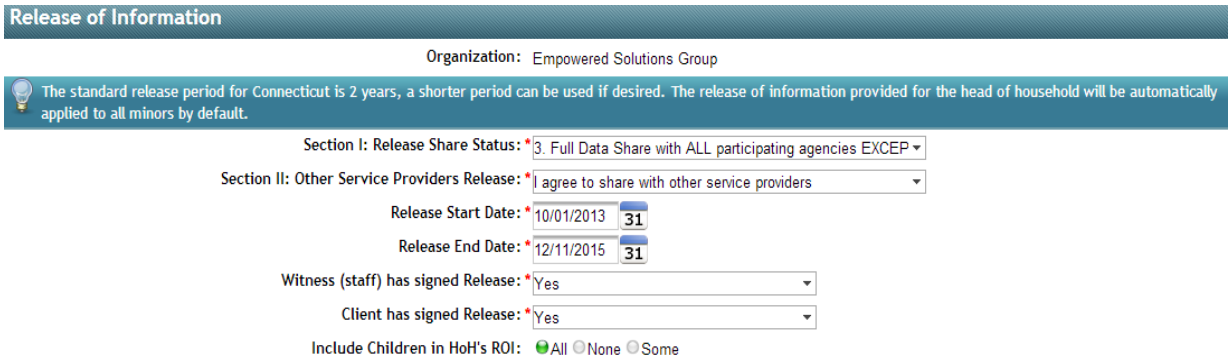
1. If enrolling a single person (without family members), click **Save** to proceed to the next page (located in the bottom right corner).

2. If enrolling a family, complete the following steps:

a. Click **Add Row** to enter additional family members (click this for each family member you need to add).
b. Add all family members **BEFORE** clicking the Save button.
c. **Check for Duplicates** is required(*) for each additional family member. If no matches are found, you **must** click the "**This is a new client"** button to proceed.

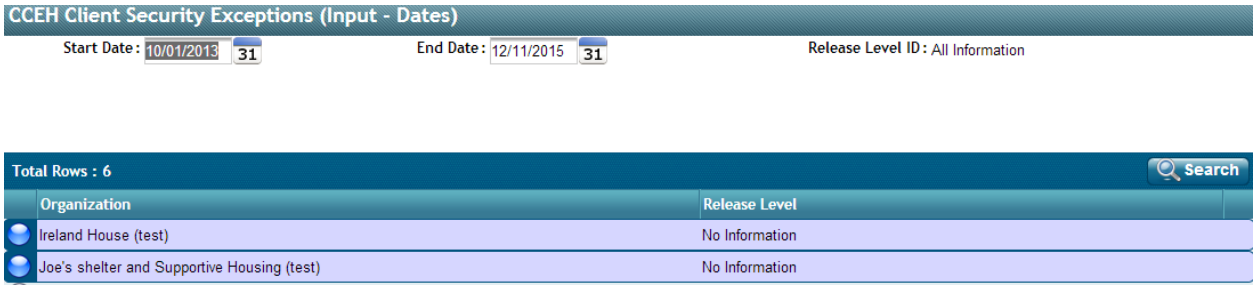
3. Click **Save** to proceed to the next page (located in the bottom right corner).

COMPLETING THE **RELEASE OF INFORMATION** FORM – AT ENTRY


Release of Information
Organization: Empowered Solutions Group
The standard release period for Connecticut is 2 years, a shorter period can be used if desired. The release of information provided for the head of household will be automatically applied to all minors by default.
Section I: Release Share Status: * 3. Full Data Share with ALL participating agencies EXCEP
Section II: Other Service Providers Release: * I agree to share with other service providers
Release Start Date: * 10/01/2013
Release End Date: * 12/11/2015
Witness (staff) has signed Release: * Yes
Client has signed Release: * Yes
Include Children in HoH's ROI: All None Some

1. Enter the **Section I: Release Share Status** designated by the client.
2. Enter the **Section II: Other Service Providers Release**.
3. Enter the **Release Start Date**.
4. Enter the **Release End Date**
   - **NOTE**: It will automatically populate the year. Make sure to match the month and day with the **Release Start Date**.
5. Choose "**Yes**" or "**No**" for:
   - Witness (case manager/staff) has signed Release.
   - Client has signed Release.
   - **NOTE**: Answering No to the above questions will prevent you from proceeding to the next page.
6. Click **Save** to proceed to the next page (located in the bottom right corner).

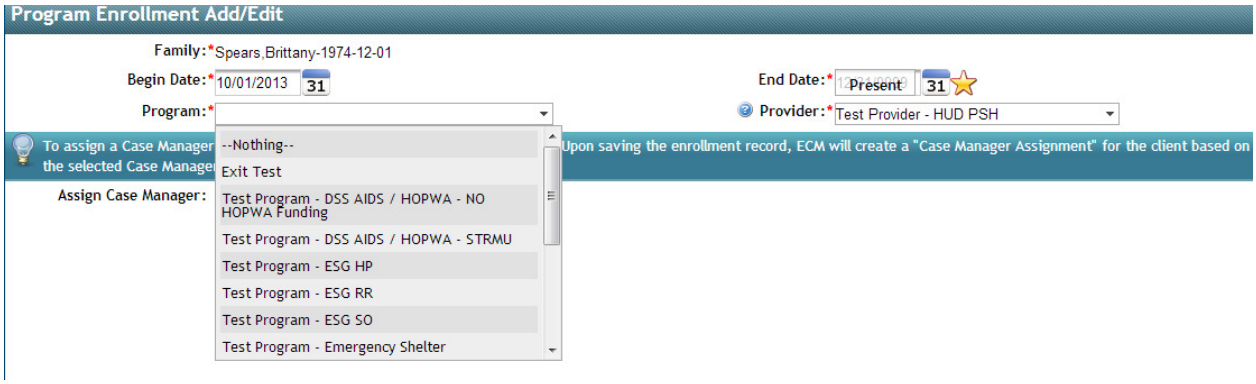
CCEH CLIENT SECURITY EXCEPTIONS FORM – AT ENTRY



This screen will *only* appear if the Section I Release Share status is an option that ***includes exceptions***. If the client Refused or agreed to a Full data share, this screen will not appear.

1. Enter the **Start and End dates** for the ROI.
2. Click on the bubble next to an agency to select it (it will turn blue).
3. Click **Save** to proceed to the next page (located in the bottom right corner).

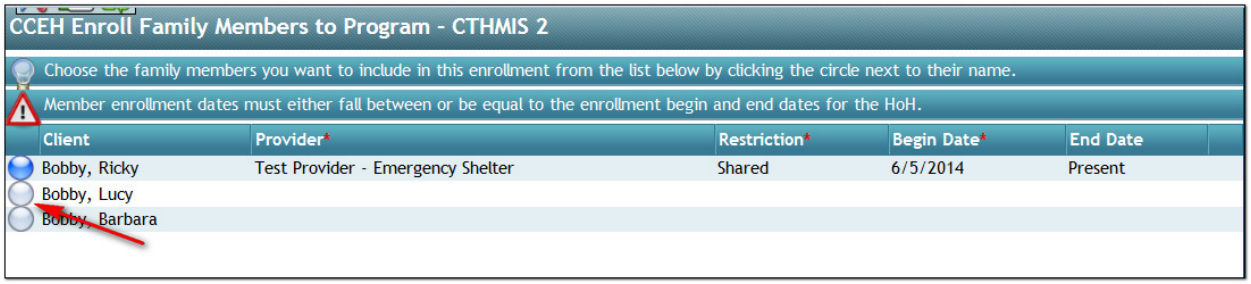
COMPLETING THE **PROGRAM ENROLLMENT ADD/EDIT** FORM – AT ENTRY


Program Enrollment Add/Edit
Family: *Spears,Brittany-1974-12-01
Begin Date: *10/01/2013
End Date: *Present
Program: *
Provider: *Test Provider - HUD PSH
To assign a Case Manager
the selected Case Manage
Upon saving the enrollment record, ECM will create a "Case Manager Assignment" for the client based on
Assign Case Manager:
--Nothing--
Exit Test
Test Program - DSS AIDS / HOPWA - NO HOPWA Funding
Test Program - DSS AIDS / HOPWA - STRMU
Test Program - ESG HP
Test Program - ESG RR
Test Program - ESG SO
Test Program - Emergency Shelter

1. Enter the client/family's **Begin Date**. This is the Admission/Start date for your program.
2. Select the program that client/family is being enrolled into.
3. Click **Save** to proceed to the next page (located in the bottom right corner).

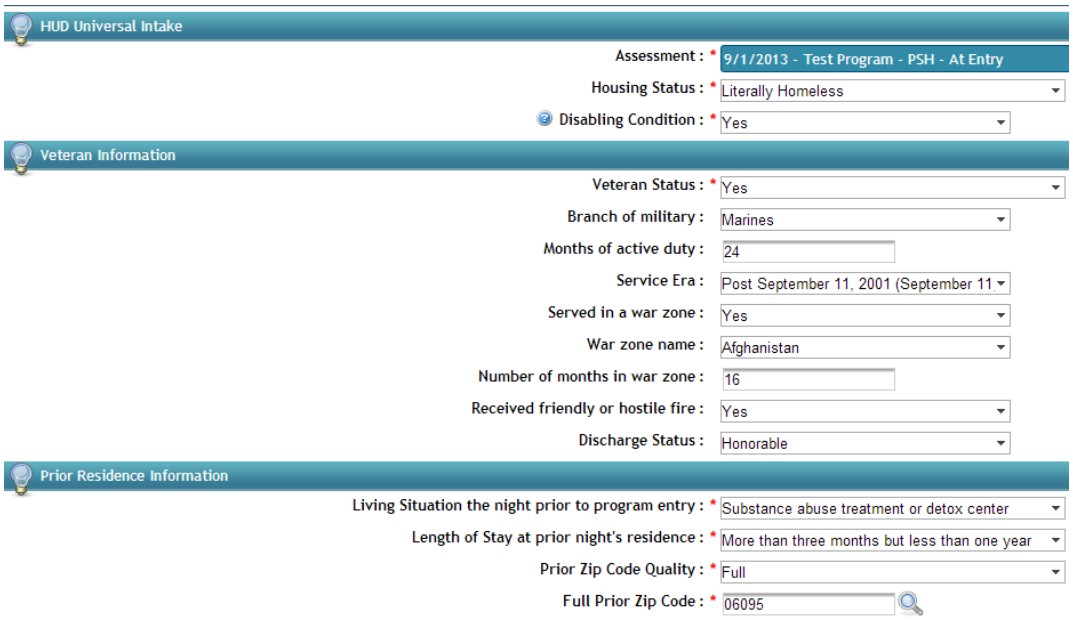
Do not ever enter an END Date on this screen for any client.

CCEH ENROLL FAMILY MEMBERS TO PROGRAM FORM – AT ENTRY

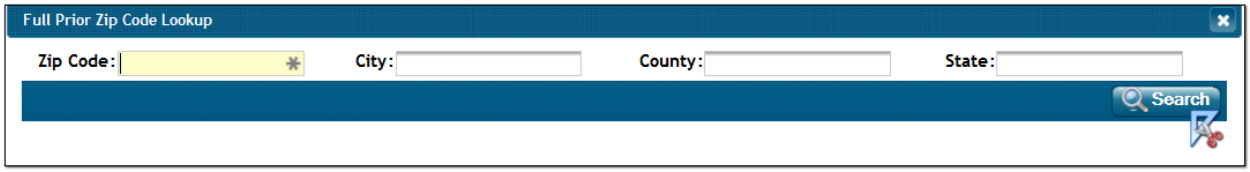

CCEH Enroll Family Members to Program - CTHMIS 2
Choose the family members you want to include in this enrollment from the list below by clicking the circle next to their name.
Member enrollment dates must either fall between or be equal to the enrollment begin and end dates for the HoH.
Client
Provider*
Restriction*
Begin Date*
End Date
Bobby, Ricky
Test Provider - Emergency Shelter
Shared
6/5/2014
Present
Bobby, Lucy
Bobby, Barbara

1. Click the bubble next to family member's names if <u>not</u> already blue.
2. Make sure all the pre-populated data (Provider, Restriction, Begin Date, etc.) is correct.
3. Click **Save** to proceed to the next page (located in the bottom right corner).

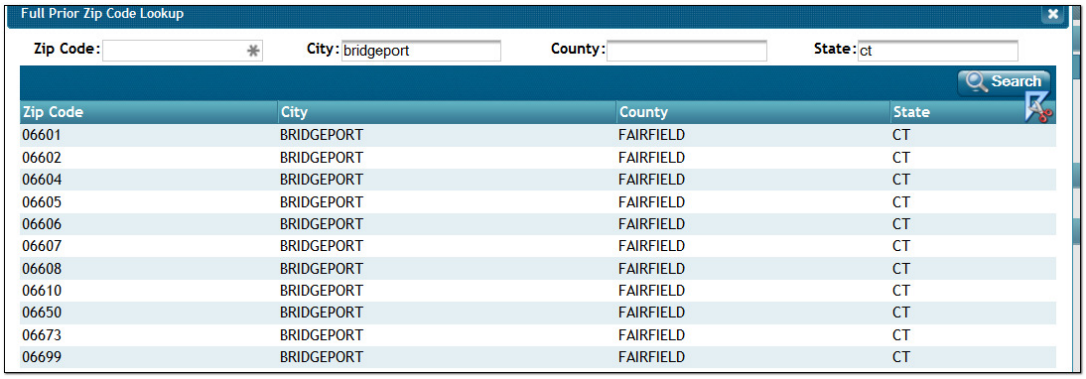
If enrolling a Single person (not in a family) simply click **Save** to proceed to the next page.


HUD Universal Intake
Assessment : * 9/1/2013 - Test Program - PSH - At Entry
Housing Status : * Literally Homeless
Disabling Condition : * Yes
Veteran Information
Veteran Status : * Yes
Branch of military : Marines
Months of active duty : 24
Service Era : Post September 11, 2001 (September 11
Served in a war zone : Yes
War zone name : Afghanistan
Number of months in war zone : 16
Received friendly or hostile fire : Yes
Discharge Status : Honorable
Prior Residence Information
Living Situation the night prior to program entry : * Substance abuse treatment or detox center
Length of Stay at prior night's residence : * More than three months but less than one year
Prior Zip Code Quality : * Full
Full Prior Zip Code : * 06095

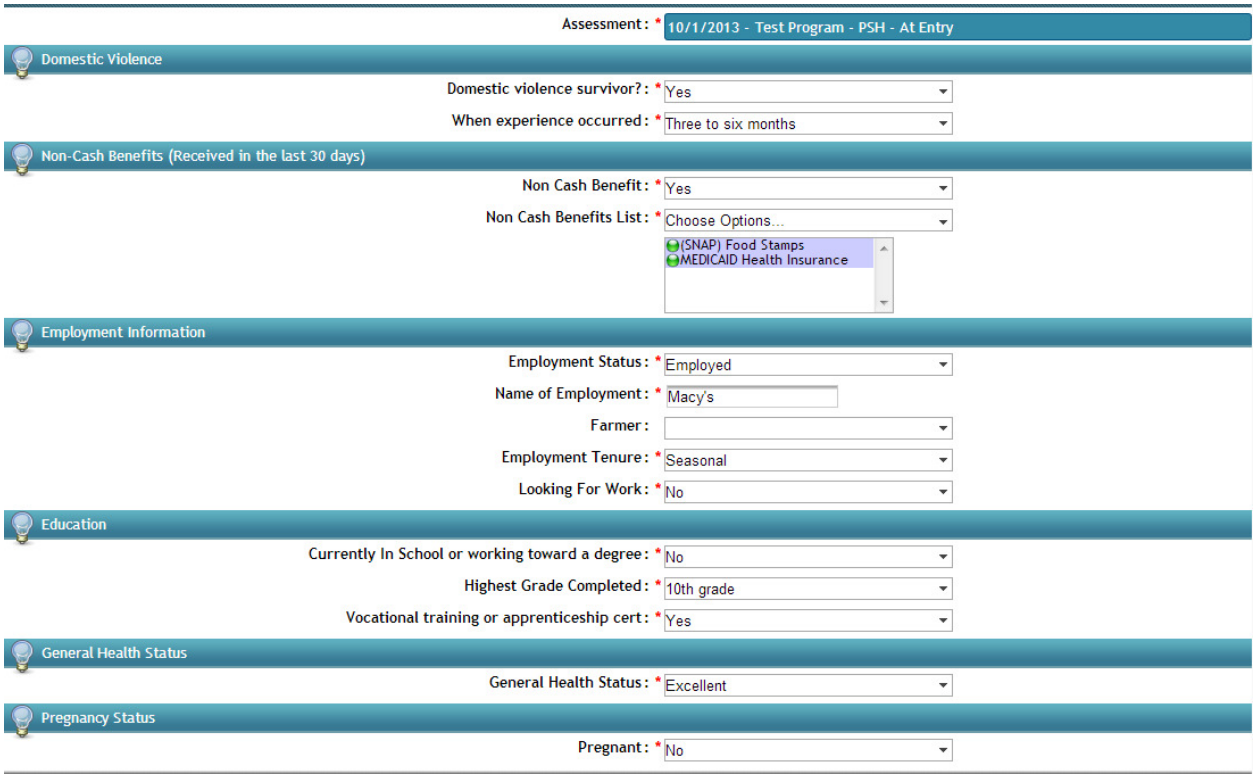
1. The **Disabling Condition** and **Veteran Status** fields are controlled by conditional logic. When you answer YES to **Disabling Condition** or **Veteran Status**, additional questions will appear to capture the detailed information. If you say NO, the additional fields will not appear.
2. When selecting FULL for **Prior Zip Code Quality**, the **Full Prior Zip Code** field will appear.
3. Clicking into the **Full Prior Zip Code** field will launch the Zip Code Lookup screen in a *pop-up window*.



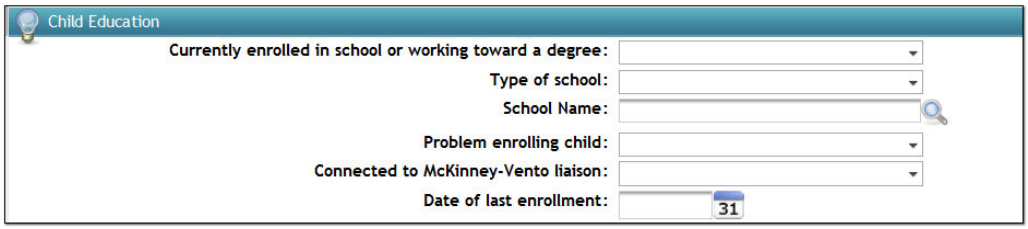
4. In the **Full Prior Zip Code Lookup** screen, you can enter the zip code (if you know it), or simply search by **City** and **State**. It is not necessary to search by "County" if you know the city and state.
5. Click **Search** and choose from the list of options (**NOTE:** If there's only one applicable zip code, it will return you to the workflow page).



6. Click **Save** to proceed to the next page (located in the bottom right corner).

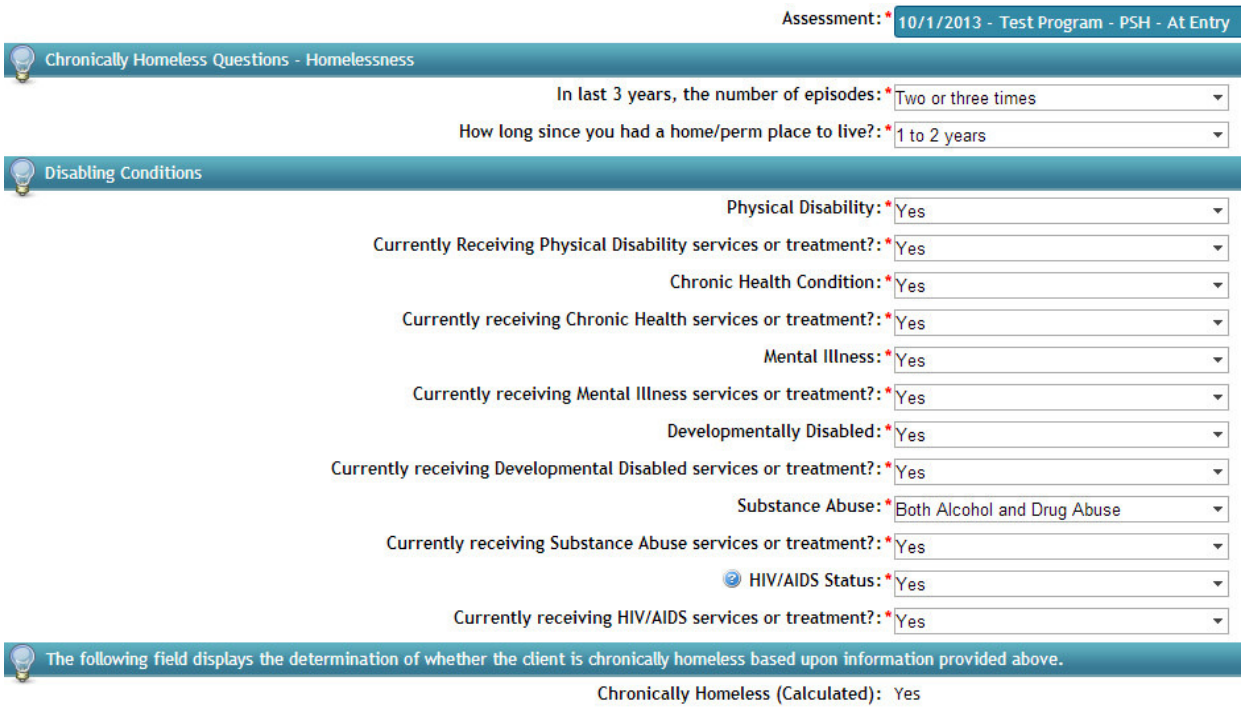

Assessment: * 10/1/2013 - Test Program - PSH - At Entry
Domestic Violence
Domestic violence survivor?: * Yes
When experience occurred: * Three to six months
Non-Cash Benefits (Received in the last 30 days)
Non Cash Benefit: * Yes
Non Cash Benefits List: * Choose Options...
(SNAP) Food Stamps
MEDICAID Health Insurance
Employment Information
Employment Status: * Employed
Name of Employment: * Macy's
Farmer:
Employment Tenure: * Seasonal
Looking For Work: * No
Education
Currently In School or working toward a degree: * No
Highest Grade Completed: * 10th grade
Vocational training or apprenticeship cert: * Yes
General Health Status
General Health Status: * Excellent
Pregnancy Status
Pregnant: * No

1. All fields with a red asterisk (*) are **REQUIRED** fields and must be answered before you can move on to the next screen.
2. **Domestic Violence, Non-Cash Benefits & Employment Status** are fields controlled by conditional logic. When you answer YES to the original question, additional questions will appear to capture the detailed information. If you say NO to the original question, the additional fields will not appear.
3. **Non Cash Benefits List** will allow multiple selections if the client has more than one. If you select one accidentally, you can simply click on it to remove it from the list.
4. The **Pregnancy Status** field will only appear for Female clients.
5. If you are enrolling any children with the family, you will see an additional field, **Child Education**, when you get to their portion of the workflow.



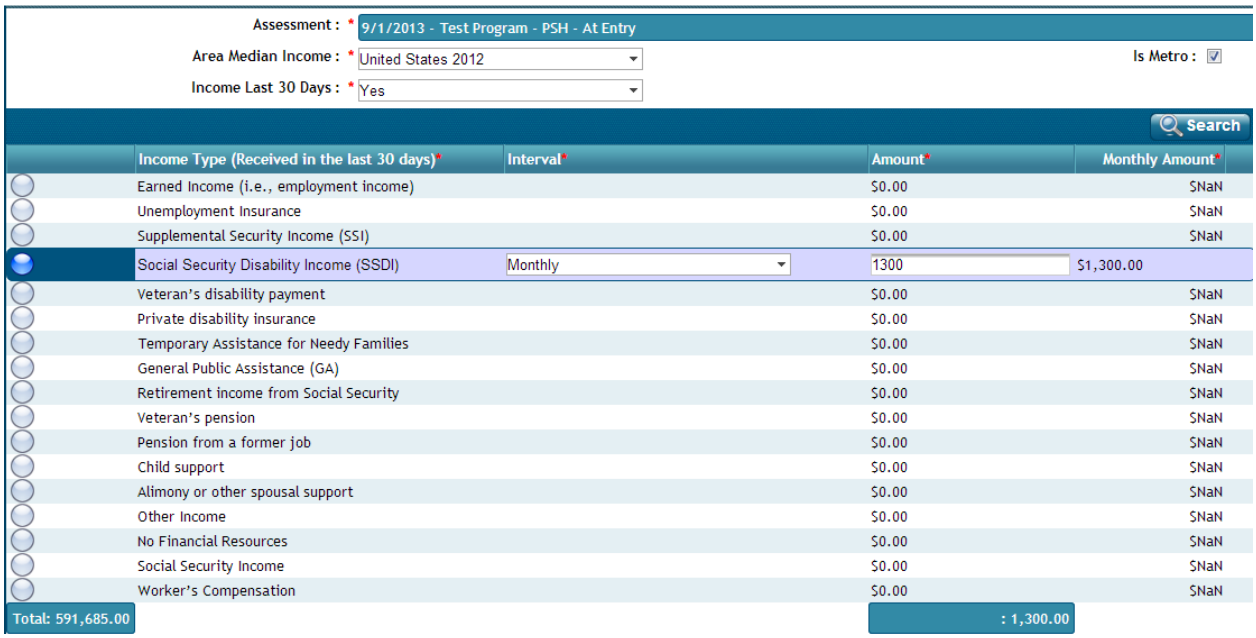
6. Click **Save** to proceed to the next page (located in the bottom right corner).

COMPLETING THE **CHRONICALLY HOMELESS & DISABLING CONDITIONS ASSESSMENT** – AT ENTRY


Assessment: * 10/1/2013 - Test Program - PSH - At Entry
Chronically Homeless Questions - Homelessness
In last 3 years, the number of episodes: * Two or three times
How long since you had a home/perm place to live?: * 1 to 2 years
Disabling Conditions
Physical Disability: * Yes
Currently Receiving Physical Disability services or treatment?: * Yes
Chronic Health Condition: * Yes
Currently receiving Chronic Health services or treatment?: * Yes
Mental Illness: * Yes
Currently receiving Mental Illness services or treatment?: * Yes
Developmentally Disabled: * Yes
Currently receiving Developmental Disabled services or treatment?: * Yes
Substance Abuse: * Both Alcohol and Drug Abuse
Currently receiving Substance Abuse services or treatment?: * Yes
HIV/AIDS Status: * Yes
Currently receiving HIV/AIDS services or treatment?: * Yes
The following field displays the determination of whether the client is chronically homeless based upon information provided above.
Chronically Homeless (Calculated): Yes

1. The questions in the **Disabling Conditions** section are also controlled by conditional logic. When you answer YES to the original question, additional questions will appear to capture the detailed information. If you say NO to the original question, the additional questions will not appear.
2. The Chronically Homeless status is calculated based on the information you enter for the client.
3. The above screenshot shows you how the screen will appear if YES is answered to all of the original questions.
4. Click **Save** to proceed to the next page (located in the bottom right corner).

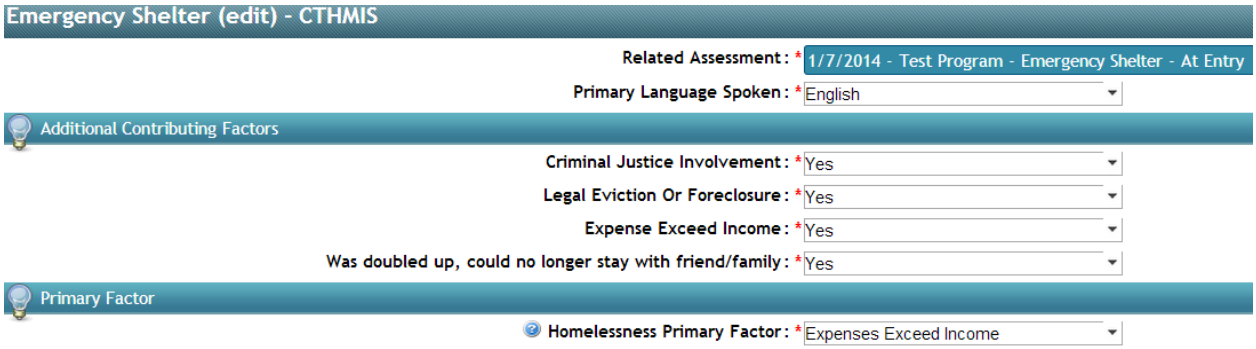
COMPLETING THE **INCOME SPREADSHEET** FORM – AT ENTRY


Assessment : * 9/1/2013 - Test Program - PSH - At Entry
Area Median Income : * United States 2012
Is Metro :
Income Last 30 Days : * Yes
Search
Income Type (Received in the last 30 days)*
Interval*
Amount*
Monthly Amount*
Earned Income (i.e., employment income) $0.00 $NaN
Unemployment Insurance $0.00 $NaN
Supplemental Security Income (SSI) $0.00 $NaN
Social Security Disability Income (SSDI) Monthly 1300 $1,300.00
Veteran's disability payment $0.00 $NaN
Private disability insurance $0.00 $NaN
Temporary Assistance for Needy Families $0.00 $NaN
General Public Assistance (GA) $0.00 $NaN
Retirement income from Social Security $0.00 $NaN
Veteran's pension $0.00 $NaN
Pension from a former job $0.00 $NaN
Child support $0.00 $NaN
Alimony or other spousal support $0.00 $NaN
Other Income $0.00 $NaN
No Financial Resources $0.00 $NaN
Social Security Income $0.00 $NaN
Worker's Compensation $0.00 $NaN
Total: 591,685.00
: 1,300.00

1. Choose an option for **Area Median Income**. If entering a new client, choose **CT 2014 SMI & Fed Poverty Tables**. For clients entered prior to 2014, you can choose the **United States 2012** option.

2. Answer the **Income Last 30 days** question.
    a. If **Yes** than choose an Income Type from the list and follow the steps below.
    b. If they have no income, answer **No** and click on the **No Financial Resources** bubble
3. Choose an **Income Type** from the list by clicking on the bubble next to the correct type. Multiple Income Types can be chosen from the list.
4. Choose the **Interval** (Daily/Weekly/Monthly etc.)
5. Enter the dollar **amount.**
6. Click **Save** to proceed to the next assessment.

COMPLETING THE EMERGENCY SHELTER ASSESSMENT – AT ENTRY

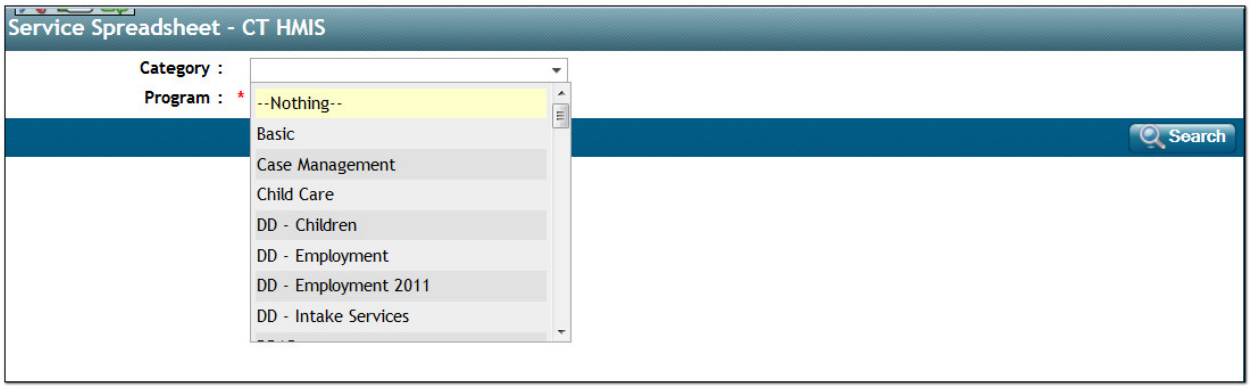

Emergency Shelter (edit) - CTHMIS
Related Assessment: * 1/7/2014 - Test Program - Emergency Shelter - At Entry
Primary Language Spoken: * English
Additional Contributing Factors
Criminal Justice Involvement: * Yes
Legal Eviction Or Foreclosure: * Yes
Expense Exceed Income: * Yes
Was doubled up, could no longer stay with friend/family: * Yes
Primary Factor
Homelessness Primary Factor: * Expenses Exceed Income

1. Answer all the fields on this screen. **NOTE**: Any field that you answered **Yes** to in the **Additional Contributing Factors** section or in the previous **Chronically Homeless & Disabling Conditions Assessment** form, will populate as an option for the **Homelessness Primary Factor** for you to select.
2. Click **Save** to proceed to the next page (located in the bottom right corner).

NOTE: If you are enrolling a family, at this point you will repeat the above workflow for each family member. If you refer to the left side of the screen, you will see where you are in the workflow process.

The star icon indicates which form you are on.

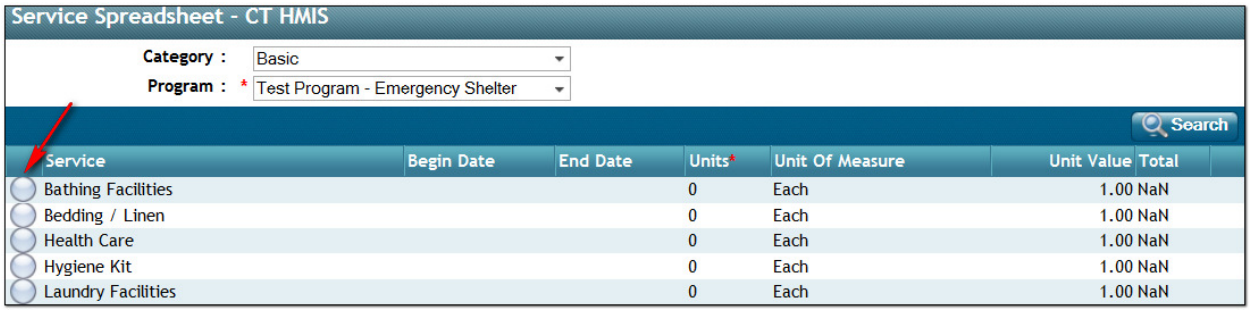
COMPLETING THE **SERVICE SPREADSHEET** FORM – AT ENTRY



1. If you don't offer any services at your agency, simply click **Save** to proceed to the next page (located in the bottom right corner).
2. The **Program** will be pre-populated by default.
3. Choose the type of service you provide (if applicable) from the **Category** drop down menu and then click the **Search** button.

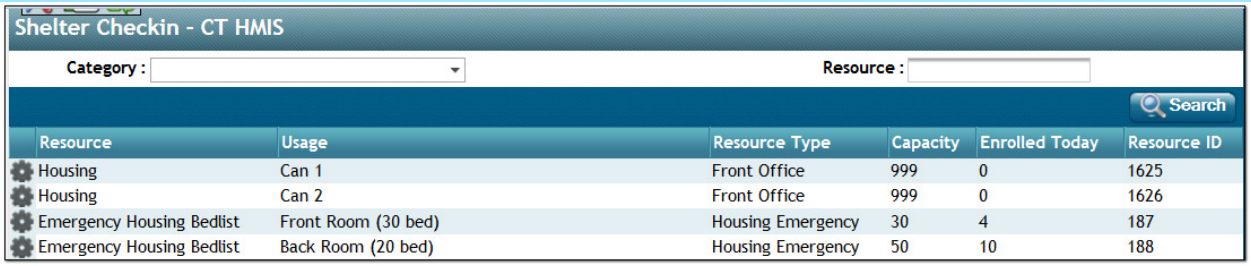
4. Click on the bubble (it will turn blue) for any applicable services you provide and then enter the **Begin Date** (which matches the client/family's enrollment date).

Please note that only the Head of Household will receive this service, not every person in the program enrollment.

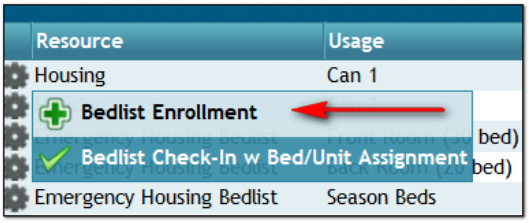

Service Spreadsheet - CT HMIS
Category : Basic
Program : * Test Program - Emergency Shelter
Search
Service | Begin Date | End Date | Units* | Unit Of Measure | Unit Value | Total
Bathing Facilities | 0 | Each | 1.00 | NaN
Bedding / Linen | 0 | Each | 1.00 | NaN
Health Care | 0 | Each | 1.00 | NaN
Hygiene Kit | 0 | Each | 1.00 | NaN
Laundry Facilities | 0 | Each | 1.00 | NaN

5. Click **Save** to proceed to the next page (located in the bottom right corner).

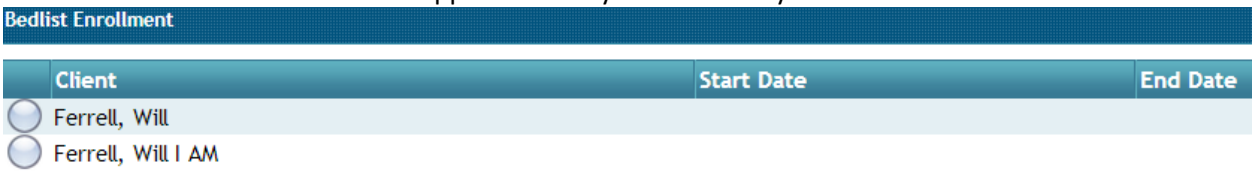
COMPLETING THE **BEDLIST ENROLLMENT** – IN THE ENROLLMENT WORKFLOW – AT ENTRY


Shelter Checkin - CT HMIS
Category :
Resource :
Search
Resource | Usage | Resource Type | Capacity | Enrolled Today | Resource ID
Housing | Can 1 | Front Office | 999 | 0 | 1625
Housing | Can 2 | Front Office | 999 | 0 | 1626
Emergency Housing Bedlist | Front Room (30 bed) | Housing Emergency | 30 | 4 | 187
Emergency Housing Bedlist | Back Room (20 bed) | Housing Emergency | 50 | 10 | 188

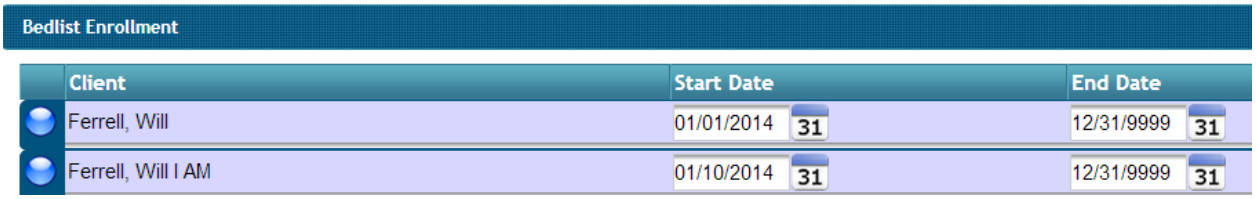
1. The client can be entered into the **Bedlist Enrollment** and **checked-in** to a bed from the workflow in the **Shelter Checkin** form page.
2. Click on the **gear** next to the ***Bedlist*** you want to ***enroll* the client in**.
3. Click on **Bedlist Enrollment** in the pop up dialog box that appears (screenshot below).


Resource | Usage
Housing | Can 1
Bedlist Enrollment
Bedlist Check-In w Bed/Unit Assignment
Emergency Housing Bedlist | Season Beds

4. The **Bedlist Enrollment** screen will appear so that you can enroll your client into the Bedlist.



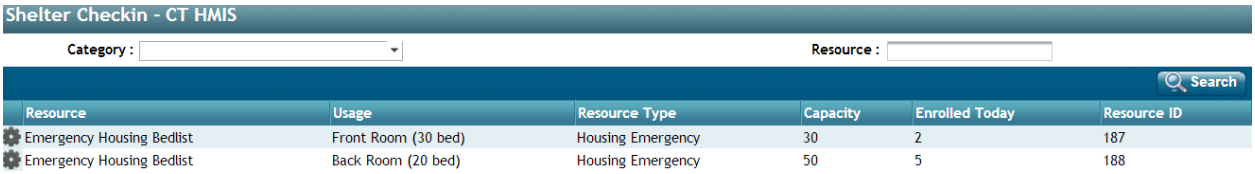
5. Click on the **bubble** next to the client you wish to enroll. It will turn blue.
6. Change the **Start Date** to the date you want the client enrolled (*should be the check-in date*).



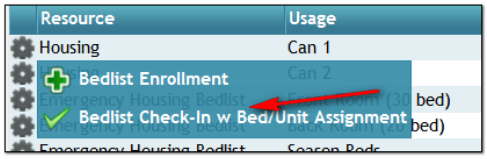
7. Click **Save** to proceed to the next page (located in the bottom right corner). You will be brought back to the **Shelter Check-in** screen.
8. The number of clients under the **Enrolled Today** column will increase based on the number of clients you enrolled in the bedlist.

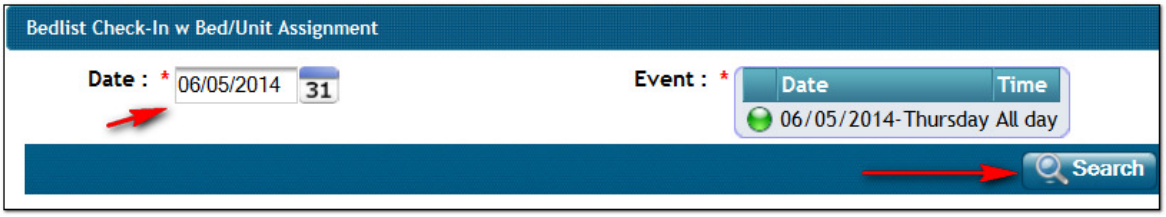
COMPLETING THE **CHECK-IN WITH BED/UNIT ASSIGNMENT**– IN THE ENROLLMENT WORKFLOW – AT ENTRY

1. Click on the **gear** next to the Bedlist that you want to **check the client** into a bed in.

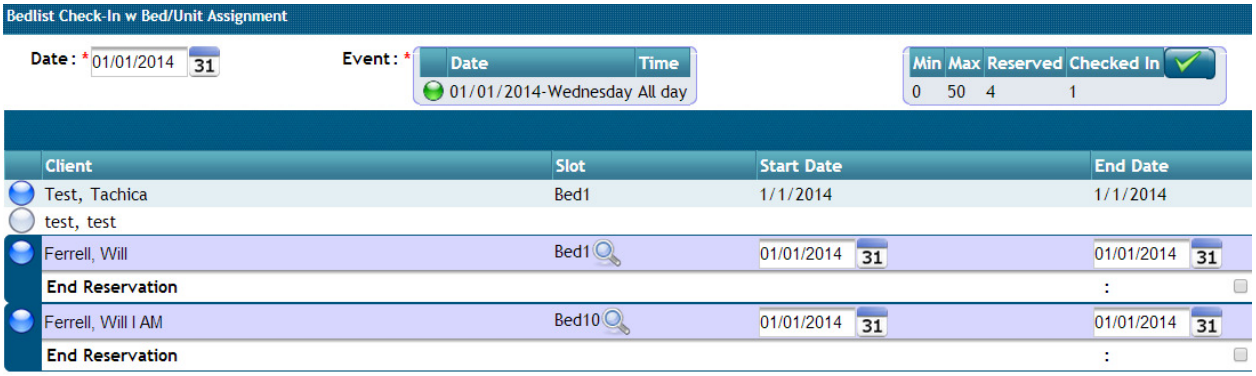


2. This time, click on **Bedlist Check-In w Bed/Unit Assignment** in the pop up dialog that appears.

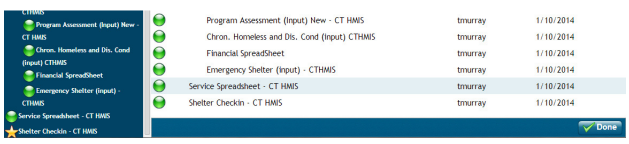




3. Change the **Date** to the date of **Check-in**.
4. Click **Search** to find all clients enrolled in the Bedlist for that date.

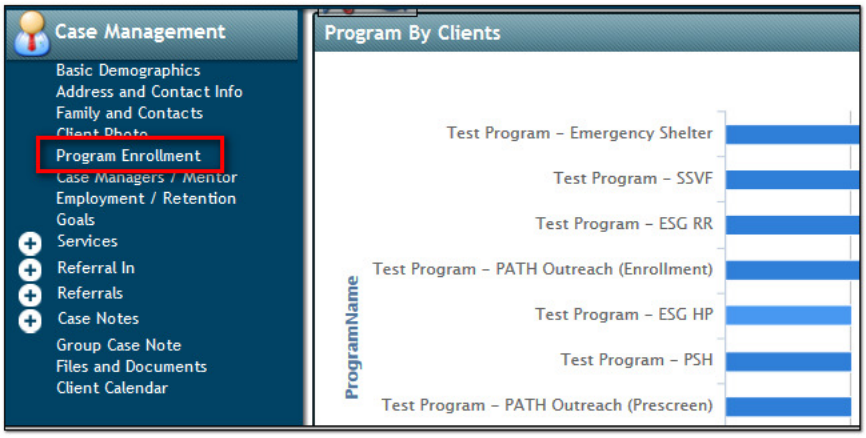


5. Click on the **bubble** next to the client or clients that you need to check-in. The bubble will turn blue to indicate the client(s) will be checked in for the **Start date** visible upon clicking save.
6. After reviewing/confirming the **Start date** is correct**,** Click **Save** to proceed to the next page (located in the bottom right corner). You will be brought back to the **Shelter Check-in** page.
7. Click **Done** to proceed to the next page (located in the bottom right corner).
8. The **workflow is now complete** screen will appear. Click **Done**.

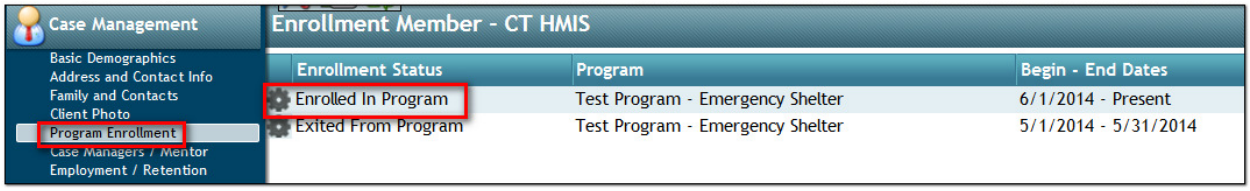


HOW TO EXIT A CLIENT OR FAMILY FROM A PROGRAM

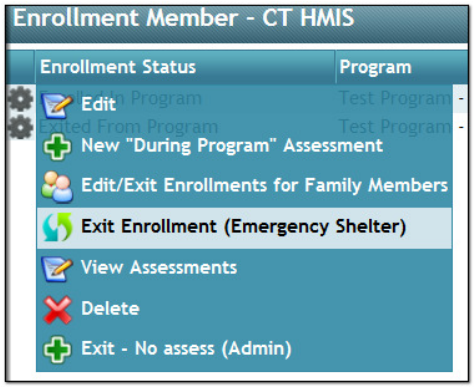
1. Under **Case Management** (left menu), click on **Program Enrollment**.



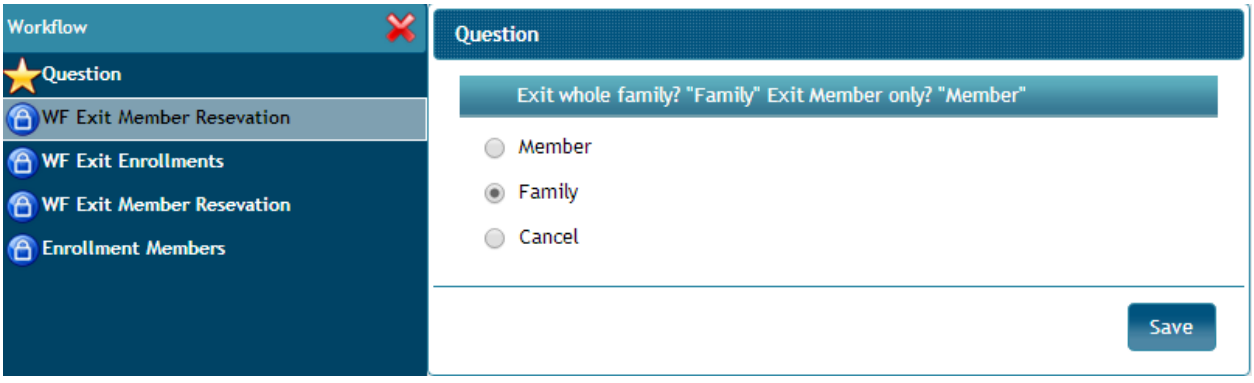
2. Click on the **gear** next to the Program Enrollment that has ended.



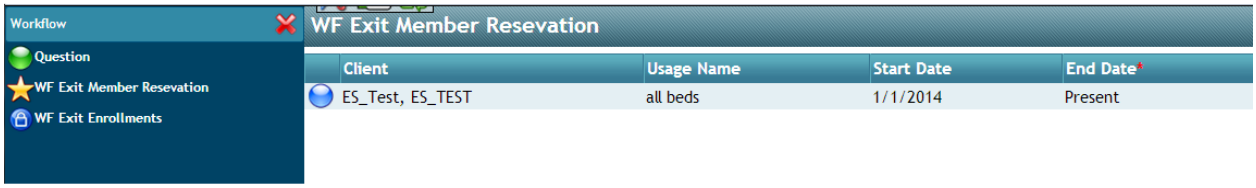
3. Click on **Exit Enrollment (Emergency Shelter)**. This will launch the Exit workflow.



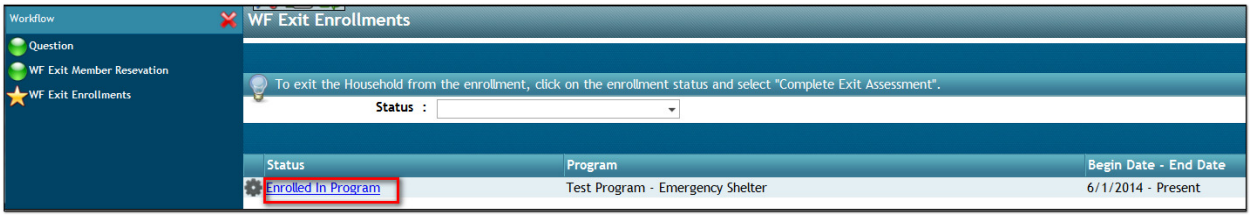
4. Click on **Family** (*even if exiting a single individual*).



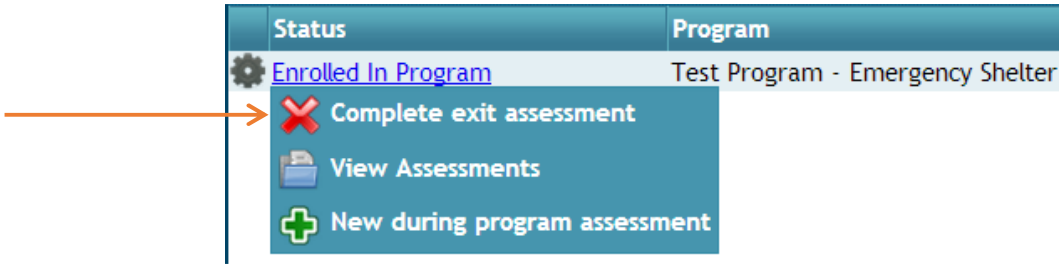
5. Click **Save** to proceed to the next page (located in the bottom right corner).



6. The **Exit Member Reservation** form is where you **end** the client's bedlist enrollment.
7. Click on the bubble next to the reservation and **enter the End Date!**
8. Click **Save** to proceed to the next page (located in the bottom right corner).



9. On the next page, do NOT click the action gear. Instead, click on the **hyperlink** that says **Enrolled In Program**.



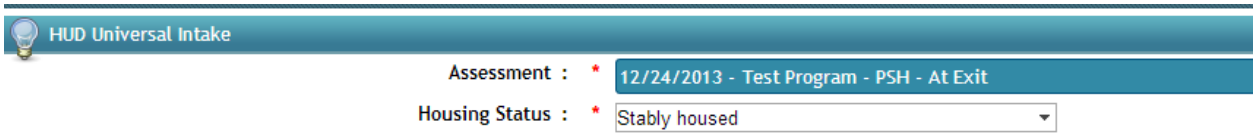
10. From the drop down, click **Complete exit assessment** (with the red "X" icon).

COMPLETING THE **EXIT ENROLLMENT FOR ALL FAMILY MEMBERS** FORM – AT EXIT

Exit Enrollment
You are exiting this Family from the below program.
Family : Man,Bat-1960-04-13
Enrollment Status : Exited From Program
Program Name : Test Program - DSS AIDS / HOPWA - STRMU
Organization : Empowered Solutions Group
Enrollment Date : 09/02/2007
Choose the Exit Enrollment Date below. This will be applied to all household members that share the enrollment.
End Date : * 11/11/2013
31

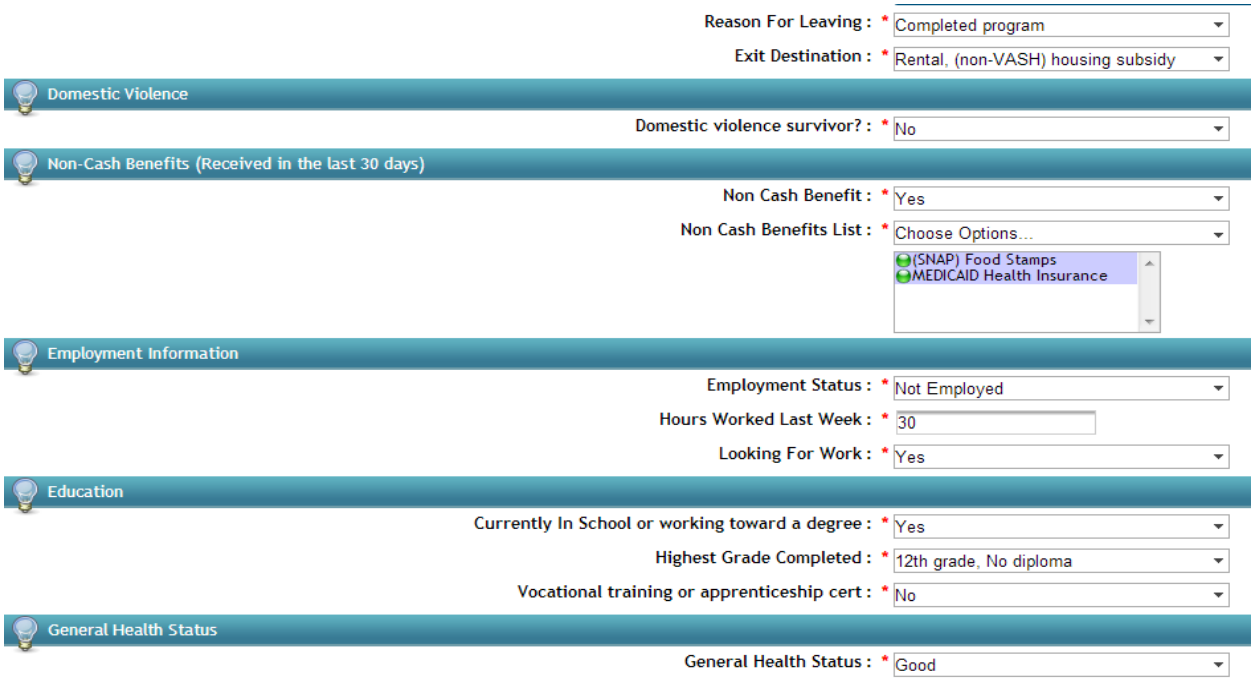
1. Enter the client or family's exit date in the **End Date** field.
2. Click **Save** to proceed to the next page (located in the bottom right corner).

COMPLETING THE **HUD UNIVERSAL DATA ASSESSMENT** FORM – AT EXIT



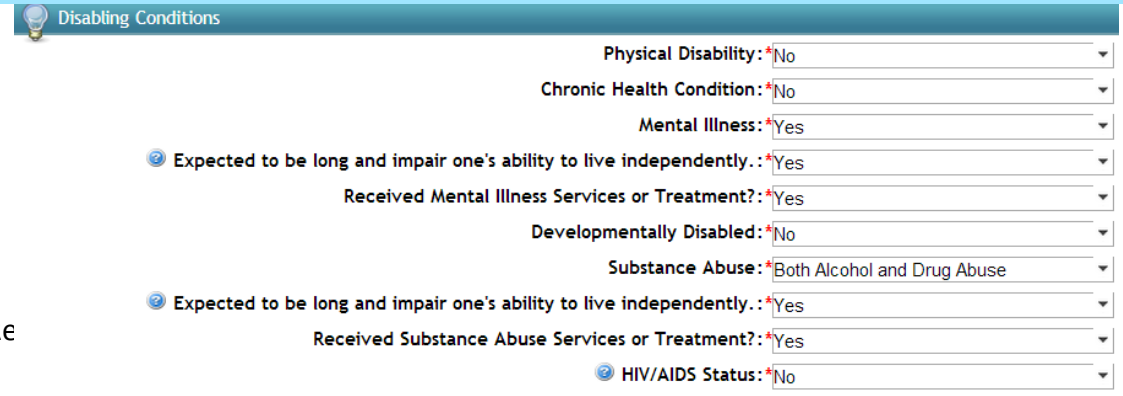
1. Enter the client's current **Housing Status**.
2. Click **Save** to proceed to the next page (located in the bottom right corner).

COMPLETING THE **PROGRAM ASSESSMENT** FORM – AT EXIT


Reason For Leaving : * Completed program
Exit Destination : * Rental, (non-VASH) housing subsidy
Domestic Violence
Domestic violence survivor? : * No
Non-Cash Benefits (Received in the last 30 days)
Non Cash Benefit : * Yes
Non Cash Benefits List : * Choose Options...
(SNAP) Food Stamps
MEDICAID Health Insurance
Employment Information
Employment Status : * Not Employed
Hours Worked Last Week : * 30
Looking For Work : * Yes
Education
Currently In School or working toward a degree : * Yes
Highest Grade Completed : * 12th grade, No diploma
Vocational training or apprenticeship cert : * No
General Health Status
General Health Status : * Good

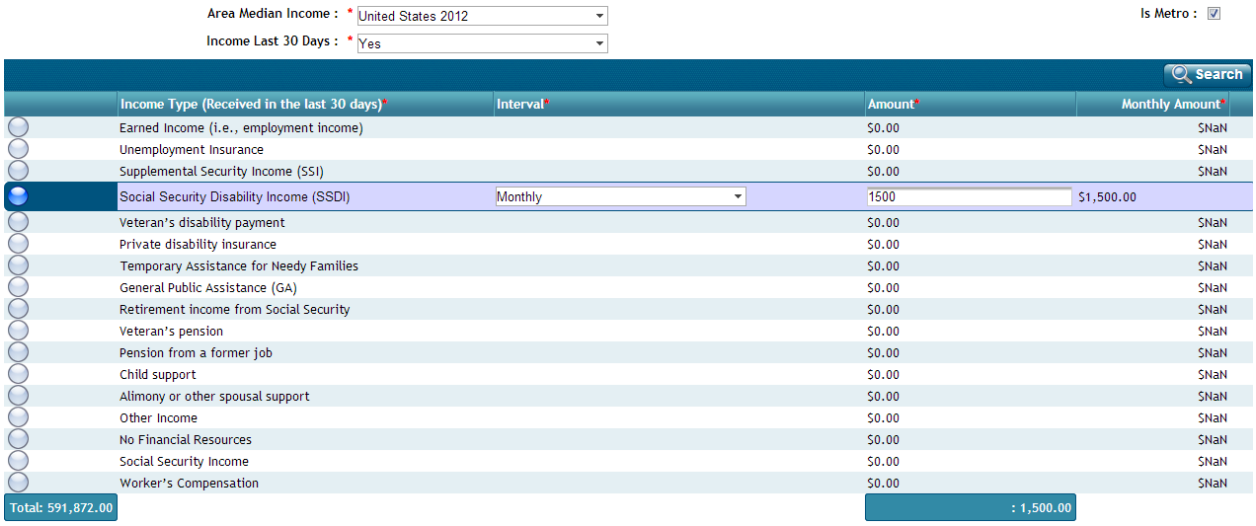
1. Enter the **Reason for Leaving & Exit Destination.**
2. Answering YES to the **Domestic Violence and Non-Cash Benefits** questions will prompt additional questions/choices to appear.
3. Answering **Employed** to the Employment Status questions will also prompt additional questions to appear.
4. Click **Save** to proceed to the next page (located in the bottom right corner).

COMPLETING THE **CHRONICALLY HOMELESS & DISABLING CONDITIONS ASSESSMENT** – AT EXIT


Disabling Conditions
Physical Disability: * No
Chronic Health Condition: * No
Mental Illness: * Yes
Expected to be long and impair one's ability to live independently.: * Yes
Received Mental Illness Services or Treatment?: * Yes
Developmentally Disabled: * No
Substance Abuse: * Both Alcohol and Drug Abuse
Expected to be long and impair one's ability to live independently.: * Yes
Received Substance Abuse Services or Treatment?: * Yes
HIV/AIDS Status: * No

1. Answering YES to any of the **Disabling Conditions** questions will prompt additional questions to appear.
2. Click **Save** to proceed to the next page (located in the bottom right corner).

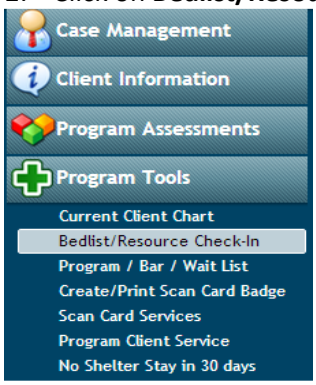
COMPLETING THE **INCOME SPREADSHEET** FORM – AT EXIT


Area Median Income : * United States 2012
Is Metro :
Income Last 30 Days : * Yes
Search
Income Type (Received in the last 30 days)*
Interval*
Amount*
Monthly Amount*
Earned Income (i.e., employment income) $0.00 $NaN
Unemployment Insurance $0.00 $NaN
Supplemental Security Income (SSI) $0.00 $NaN
Social Security Disability Income (SSDI) Monthly 1500 $1,500.00
Veteran's disability payment $0.00 $NaN
Private disability insurance $0.00 $NaN
Temporary Assistance for Needy Families $0.00 $NaN
General Public Assistance (GA) $0.00 $NaN
Retirement income from Social Security $0.00 $NaN
Veteran's pension $0.00 $NaN
Pension from a former job $0.00 $NaN
Child support $0.00 $NaN
Alimony or other spousal support $0.00 $NaN
Other Income $0.00 $NaN
No Financial Resources $0.00 $NaN
Social Security Income $0.00 $NaN
Worker's Compensation $0.00 $NaN
Total: 591,872.00
: 1,500.00

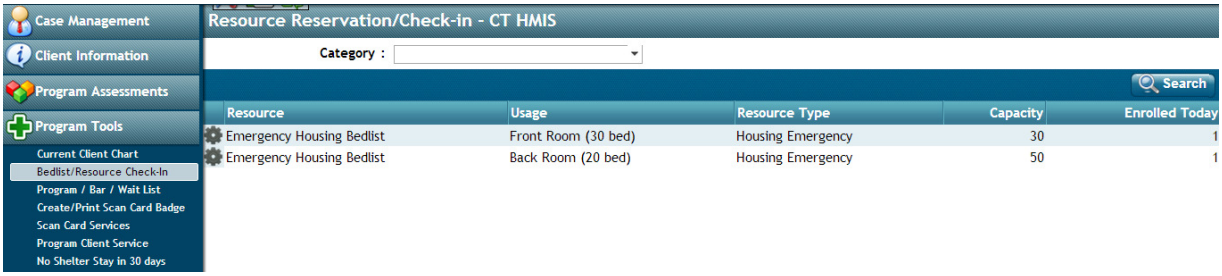
1. Enter the client's Income Information **<u>at the time of their exit</u>**.
2. If they have no income, click the bubble next to **No Financial Resources**.
3. Click **Save** to proceed to the next page (located in the bottom right corner).
4. The **workflow is now complete screen** will appear. Click **Done**.

CHECKING CLIENTS IN (DAILY PROCESS)

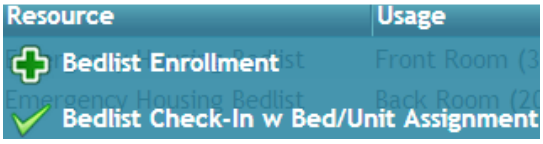
1. Using the left side menu, Click on **Program Tools.**
2. Click on **Bedlist/Resource Check-In**.

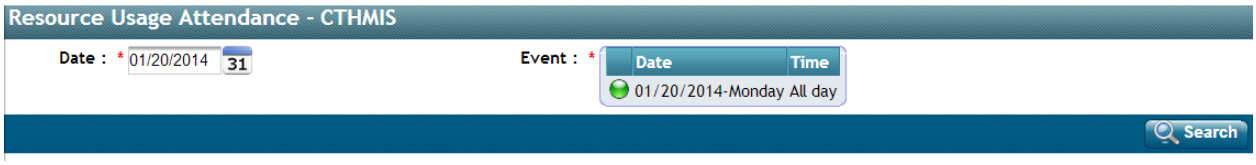


3. The **Resource Reservations/Check-in** screen will appear.

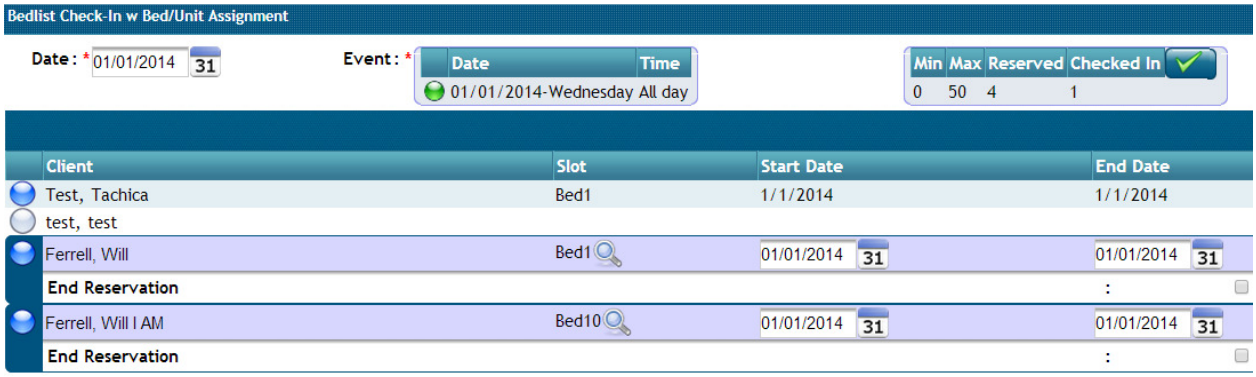


4. Click on the **gear** next to the ***Bedlist*** that you want to **check the client** into a bed in.
5. Click on **Bedlist Check-In w Bed/Unit Assignment** in the pop up dialog box that appears (screenshot below).

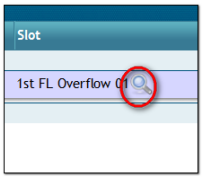


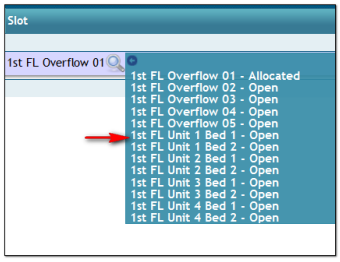


6. Change the **date** to the date of Check in.
7. Click **Search** to find all clients enrolled in the Bedlist for that date.
8. Click on the **bubble** next to the client or client's that you need to check-in. The bubble will turn blue to indicate the client(s) will be checked in for the **Start date** visible upon clicking save.



9. The bed name/number will be selected by default. If the bed selected is not the correct bed that the client will be (or was) sleeping in, click on the **magnifying glass** icon next to the bed name. You will be given the option to choose a different bed.



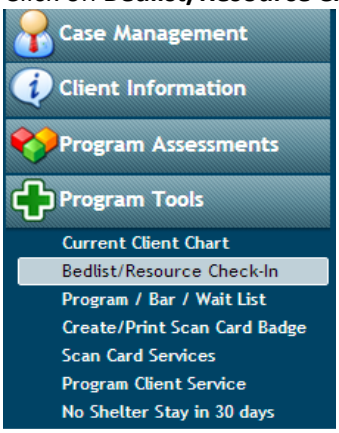

Slot
1st FL Overflow 01
1st FL Overflow 01 - Allocated
1st FL Overflow 02 - Open
1st FL Overflow 03 - Open
1st FL Overflow 04 - Open
1st FL Overflow 05 - Open
1st FL Unit 1 Bed 1 - Open
1st FL Unit 1 Bed 2 - Open
1st FL Unit 2 Bed 1 - Open
1st FL Unit 2 Bed 2 - Open
1st FL Unit 3 Bed 1 - Open
1st FL Unit 3 Bed 2 - Open
1st FL Unit 4 Bed 1 - Open
1st FL Unit 4 Bed 2 - Open

10. After reviewing/confirming the **Start date** is correct**,** Click **Save** to proceed to the next page (located in the bottom right corner). You will be brought back to the **Resource Reservation/Check-in** page.
11. Click **Done** to proceed to the next page (located in the bottom right corner).
12. The client(s) have now been checked into a bed in your program.

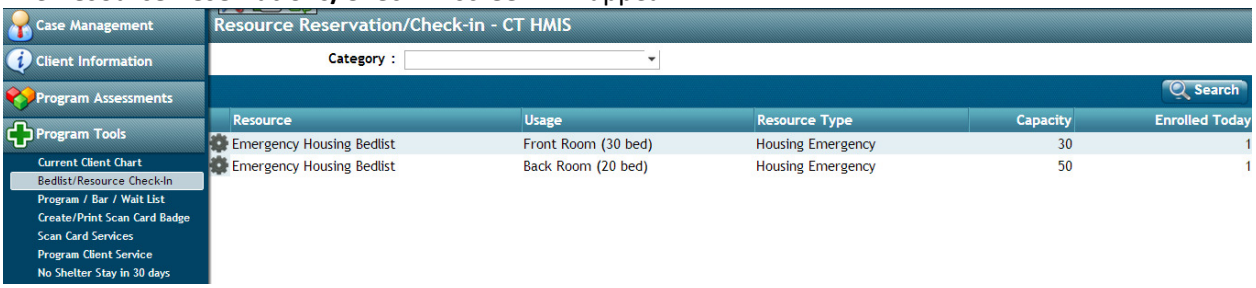
COMPLETING THE BEDLIST ENROLLMENT IF NOT COMPLETED IN WORKFLOW (FOR CLIENTS WITH AN OPEN ENROLLMENT BUT NOT APPEARING ON THE CHECK–IN SCREEN)

*****This is NOT a daily process and should only be done once for a client that is enrolled in your program but is not showing up on the Check-In screen.*****

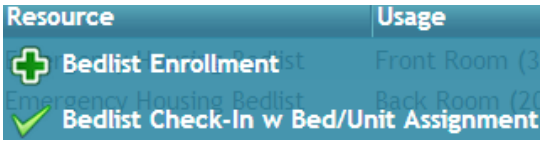
1. Using the left side menu, Click on **Program Tools**.
2. Click on **Bedlist/Resource Check-In**.



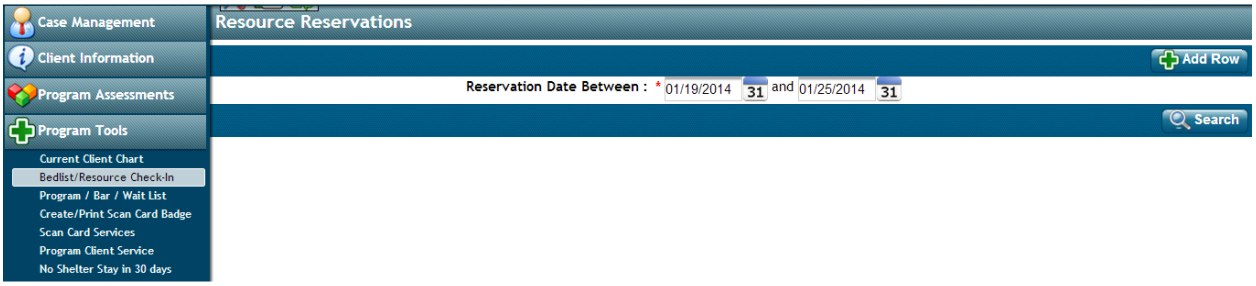
3. The **Resource Reservations/Check-in screen** will appear.



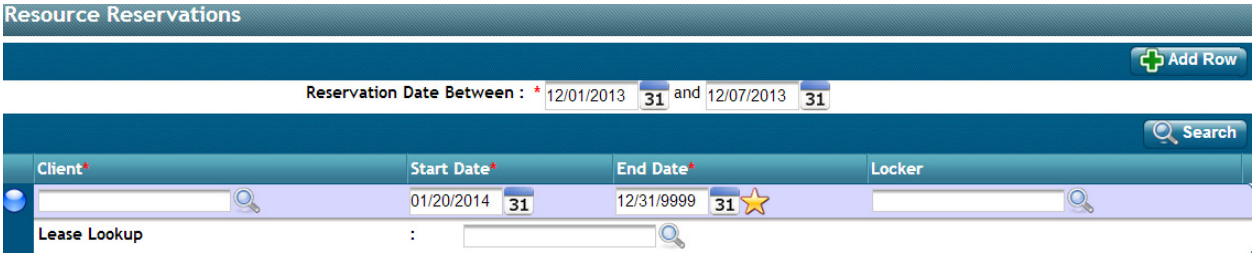
4. Click on the **gear** next to the *Bedlist* you want to *enroll* the client in.
5. Click on **Bedlist Enrollment** in the pop up dialog box that appears (screenshot below).



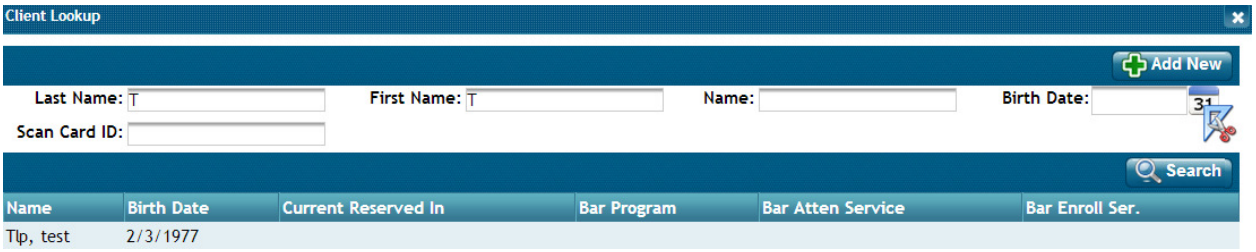
6. The **Resource Reservations** screen will appear so that you can enroll your client into the Bedlist.



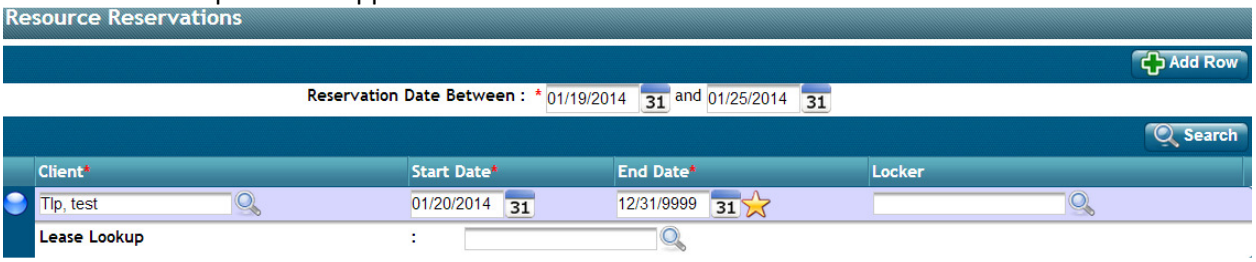
7. Change the **start date** for **Reservation Date Between** to the date the client should be Enrolled (checked in) for. Click **Add Row**. Your screen will add a row to allow you to search for your client.



8. Click into the Client name field (near the magnifying glass) and you will be brought to a **Client Lookup** (search) screen.
9. Enter the client's information and click **Search**.
10. Click on the **client's name** when it appears in the search screen.



11. Your screen will update and appear as seen below:



12. Change the **Start Date** to the date you want the client enrolled (*should be the check-in date*).
13. Click **Save** to proceed to the next page (located in the bottom right corner). You will be brought back to the Resource Reservations/Check-in screen.
14. The number of clients under the Enrolled Today column will increase based on the number of client's you enrolled in the Bedlist. This client is now ready to be checked in.